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## Draft country programme document**

## Cambodia

*Summary*

The Executive Director presents the draft country programme document for Cambodia for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $23,550,000 from regular resources, subject to the availability of funds, and $68,970,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006-2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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| *Basic data*[a] *(2003 unless otherwise stated)* | |
|---|---|
| Child population (millions, under 18 years) | 7.0 |
| U5MR (per 1,000 live births) | 140 |
| Underweight (%, moderate and severe, 2000) | 45 |
| Maternal mortality ratio (per 100,000 live births, 1994-2000) | 440 |
| Primary school attendance/enrolment (%, net, male/female, 2000, 2003-2004) | 66/65,[a] 92/89 |
| Primary school children reaching grade 5 (%, 2000-2001) | 70[b] |
| Use of improved drinking water sources (%, 2002) | 34 |
| Adult HIV prevalence rate (%, 15-49 year-olds, end 2003) | 1.9 |
| Child work (%, children 5-14 year-olds) | — |
| GNI per capita (US$) | 310 |
| One-year-olds fully immunized against DPT3 (%) | 69 |
| One-year-olds immunized against measles (%) | 65 |

[a] More comprehensive country data on children and women are available at www.unicef.org.
[a] Demographic Health Survey 2000 attendance data.
[b] UNESCO Institute for Statistics.

## The situation of children and women

1. Considerable progress has been made for children and women in Cambodia over the last decade, but their situation still remains precarious.

2. **Survival**. In 2000, Cambodia had the highest infant mortality rate (IMR) and under-five mortality rate (U5MR) in the East Asia and Pacific Region, with no obvious decline in either rate for more than 10 years. The IMR among families in the poorest economic quintile (110 per 1,000 live births) was more than twice that of those in the richest quintile (50 per 1,000 live births). The status of key indicators of child survival remains unsatisfactory, with antenatal care attendance at 33 per cent, and routine measles immunization at 65 per cent in 2003; 11 per cent exclusive breastfeeding for six months in 2000; and safe water supply at 34 per cent and sanitation at 16 per cent in 2002. The prevalence of HIV in the 15-49 age group was reduced from 3 per cent in 1997 to 1.9 per cent in 2003 but is still among the highest in Asia. Several social groups are particularly vulnerable to HIV infection, including 250,000 young women working in Cambodia's garment industry.

3. **Development**. The percentage of children under five who were underweight was 45 in 2000, as was the percentage of those stunted — the highest in the region. Anaemia affected 63 per cent of children aged 6 to 59 months, and 58 per cent of women aged 15 to 49 (2000). The production of iodized salt increased from 20 per cent of the estimated national requirement in 2003 to more than 100 per cent in 2004. Primary school enrolment rates have improved substantially and show diminishing gender disparity. However, retention is low, partly because there are few opportunities for early childhood development, and education quality is poor. In secondary education, only around 20 per cent of girls and 23 per cent of boys of eligible age are enrolled.

4. **Protection**. Reported casualties from landmines and unexploded ordnance (UXO) decreased from 4,318 in 1996 to 891 in 2004. However, there remain other serious child protection issues, including trafficking and sexual exploitation, children without primary caregivers, children in conflict with the law, and accidents and injuries. Mortality from AIDS increased the estimated number of orphaned children from 560,000 in 1990 to 670,000 in 2003, a figure that represents 9 per cent of the child population. Only 22 per cent of births were registered in 2000, but systems are being strengthened.

5. **Participation**. There are good examples of children expressing their views and opinions through surveys, representation at international/national conferences, youth television programmes and child-to-child peer education on HIV/AIDS. However, much remains to be done before children can genuinely participate in decisions that affect their lives.

## Key results and lessons learned from previous cooperation, 2001-2005

### Key results achieved

6. Implementation of the 2003 mid-term review (MTR) recommendations transformed the Seth Koma (Community Action for Child Rights) programme from a nutrition-based community development programme to one that facilitates the addressing of priority issues for children and women by the newly elected Commune Councils. This new approach has already resulted in the training of more than 850 Commune Council members in 130 communes to include actions for children and women in annual Commune Development Plans.

7. The delivery of selected basic health services has expanded, reducing the incidence of some diseases. Measles cases were reduced by 95 per cent between 2000 and 2003 as a result of intensive immunization campaigns. Polio-free status has been maintained since 1997. Vitamin A coverage increased from 57 per cent in 2000 to 70 per cent in 2004. The number of health centres providing a minimum package of primary care increased from 386 in 1998 to 823 in 2003. Since 2003, UNICEF, together with the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and other partners, helped the Government to develop the sector-wide management of health services.

8. The introduction of legislation on iodized salt in 2003 and the formation of a salt producers association in 2004 led to a rapid increase in the production of iodized salt. The full national requirement was produced in 2004, paving the way for universal salt iodization by the end of 2005.

9. UNICEF actively participated in the development and management of the education sector-wide approach (SWAp) starting in 2001, both through its own programme activities and by facilitating SWAp coordination between the Government and donors. The net primary enrolment rate increased from 84.2 per cent for girls, and 89.8 per cent for boys, in the academic year 2001/2002, to 88.6 per cent and 91.5 per cent, respectively, in 2003/2004.

10. Support has been provided to the Government to enforce legislation against the trafficking and sexual exploitation of children. UNICEF helped the national police

to establish an Anti-Human Trafficking and Juvenile Protection Department in 2002, supported the capacity development of police officers and legal professionals and helped to generate national and international awareness about the issue. From 2001 to 2004, 1,884 cases of sexual exploitation and trafficking were reported and 1,099 offenders arrested. Annual arrests increased from 82 in 2001 to 401 in 2004. UNICEF supported landmine and UXO education as well as monitoring and assistance for victims, and contributed to the substantial reduction in landmine/UXO casualties mentioned above.

11. UNICEF assisted the Government in scaling up services to provide voluntary and confidential counselling and testing (VCCT) and prevention of mother-to-child transmission (PMTCT) of HIV. As a result, VCCT services are now provided by 80 per cent of national, and 75 per cent of provincial, hospitals in 2005, compared with 75 per cent and 15 per cent in 2001. PMTCT services are being expanded and are now available in 25 per cent of all national and provincial hospitals. UNICEF also worked with the Government and non-governmental organizations (NGOs) to scale up community-based care for people affected by HIV/AIDS.

12. UNICEF engaged with a wide range of media partners to induce positive behaviour change for better survival, development, protection and participation of children and women, helping to produce over 80 television and radio spots. UNICEF also collaborated closely with the BBC World Service Trust to produce 60 television spots, 60 radio spots and 60 episodes of a television drama encouraging HIV/AIDS prevention and maternal and child health care.

**Lessons learned**

13. Evaluation of growth monitoring and promotion conducted under the *Seth Koma* programme showed that the health activity had made little impact over the last decade. It was therefore decided during the MTR in 2003 to shift the focus of the programme to mobilizing local governments to take concrete actions for children in collaboration with the providers of existing "mainstream" social services. Malnutrition will be addressed through other interventions, such as the promotion of exclusive breastfeeding, improvement of maternal nutrition and prophylaxis for micronutrient deficiency.

14. Despite a notable reduction in the incidence of diseases such as measles and neonatal tetanus, overall IMR and U5MR have not fallen, mainly because of the prevalence of other major childhood diseases, such as diarrhoea and acute respiratory infections. These diseases will be intensively addressed under the Child Survival Partnership launched in 2004.

15. UNICEF introduced the concept of "child-friendly schools" in selected schools in six priority provinces, and valuable experience and lessons were obtained. One is that a "provincial model" is needed to expand this concept to scale, working with a whole province rather than individual schools.

16. There has been a substantial increase in the international attention paid to major child protection issues in Cambodia, which has helped to highlight and facilitate national action. Action includes an inter-country adoption law, the progress on which was greatly facilitated after embassies of concerned countries placed a moratorium on inter-country adoption from Cambodia until proper legislation is introduced.

## The country programme, 2006-2010

### Summary budget table

| | *In thousands of United States dollars* | | |
|---|---|---|---|
| *Programme* | *Regular resources* | *Other resources* | *Total* |
| *Seth Koma* | 4 800 | 11 500 | 16 300 |
| Child survival | 5 900 | 12 220 | 18 120 |
| Expanded basic education | 2 200 | 23 500 | 25 700 |
| Child protection | 1 700 | 13 900 | 15 600 |
| HIV/AIDS prevention and care | 2 200 | 7 200 | 9 400 |
| Advocacy and social mobilization | 1 700 | 650 | 2 350 |
| Cross-sectoral costs | 5 050 | — | 5 050 |
| **Total** | **23 550** | **68 970** | **92 520** |

### Preparation process

17. During 2004, a country programme evaluation and a situation analysis were conducted. In June 2004, the Government launched the Child Survival Partnership, and the subsequent planning for and identification of low-cost, high-impact interventions to reduce child mortality provided valuable inputs to the child survival component of the new country programme. In September 2004, following initial discussion with the Ministry of Planning, sectoral consultations were held with the concerned Government Ministries and partners. In October, the United Nations country team (UNCT) drafted the United Nations Development Assistance Framework (UNDAF), which is closely aligned with the new country programme. A multisectoral team from the UNICEF regional office provided valuable inputs to the country programme, into which the organizational priorities of the 2006-2009 medium-term strategic plan (MTSP) of UNICEF were incorporated.

18. Observations and recommendations of the Committee on the Rights of the Child on the Initial Report of Cambodia (CRC/C/15/Add.128, dated 28 June 2000) were also carefully reviewed and applied. They include systematic capacity-building of key duty bearers on child rights; promotion of the rights to survival and development; achievement of universal primary education (UPE); the addressing of key issues on child protection (e.g., trafficking and sexual exploitation, legal protection, children without primary caregivers, childhood disabilities); support for children affected or infected by HIV/AIDS; and child rights advocacy, information and monitoring.

### Goals, key results and strategies

19. The overall goal of the country programme of cooperation 2006-2010 is to support Cambodia in promoting and ensuring the full realization of child rights. Outlined below are the key results expected to be achieved by 2010 with counterparts and partners.

20. In the six priority provinces applying the *Seth Koma* programme, simple and measurable actions for children and women will be taken in 75 per cent of

communes, in collaboration with sectoral ministries, provincial governments and the Commune Councils, to ensure that (a) 60 per cent of births are registered; (b) 90 per cent of children under one year of age receive complete immunization; (c) 50 per cent of children aged three to five years attend early child development programmes either at home, in the community or at school; (d) 95 per cent of children enter grade 1 at the age of six; (e) 96 per cent of children aged 6-11 are enrolled in primary schools; (f) 55 per cent of households use safe drinking water and 25 per cent use improved sanitation; (g) the proportion of schools having access to safe drinking water and improved sanitation is increased by 50 per cent and 25 per cent, respectively; and (h) 50 per cent of families living in high-risk areas are informed of arsenic contamination, and 30 per cent of them use household arsenic mitigation systems.

21. In six priority provinces supported under the child survival programme, several expected results will contribute to the achievement of the Cambodian Millennium Development Goals, specifically, Goal 1 (eradicate extreme poverty and hunger), Goal 4 (reduce child mortality) and Goal 5 (improve maternal health), and will also contribute to the Health Sector Strategic Plan (2003-2007). One set of results will be to achieve coverage of 90 per cent for these outcomes: (a) infants are given colostrum within one hour after delivery, exclusively breastfed for six months, and provided appropriate complementary food thereafter; (b) children under one year of age are immunized against seven vaccine-preventable diseases; (c) children under five years of age are protected from vitamin A, iron and iodine deficiencies; (d) children under five years of age are protected from intestinal worms; (e) children under five years of age with severe diarrhoea receive oral rehydration therapy; (f) children under five years of age with acute respiratory infections are properly cared for at home and through formal health care services; (g) families in malaria-endemic areas sleep under insecticide-treated bed nets; (h) households consume iodized salt produced through commercially viable iodized salt production; (i) pregnant women receive 120 iron folate tablets before and after delivery; (j) mothers in the post-partum period receive vitamin A supplementation within eight weeks of delivery; (k) pregnant women and women of child-bearing age are immunized with tetanus toxoid; and (l) women of child-bearing age are provided weekly iron folate supplementation; and in addition, that (m) 80 per cent of communes have a transport system for emergency referral to the nearest emergency obstetric care services; and (n) 70 per cent of couples planning to get married are provided with the "wedding gift" package consisting of iron folate tablets, an insecticide-treated bed net (in malaria-endemic areas), and Information, Education and Communication (IEC) materials on primary health care and VCCT.

22. At the national level and in six priority provinces implementing the expanded basic education programme, the following expected results will contribute to the achievement of Cambodian Millennium Development Goal 2 (universal nine-year basic education) and the Education Strategic Plan 2004-2008, in a context of gender equality: (a) enhanced national capacity to manage the education SWAp, accompanied by a gradual decrease of external technical assistance, resulting in tangible improvement in the access to and quality of basic education, in line with the goals set in the Education Strategic Plan; (b) 50 per cent of children aged three to five years attend early child development programmes organized either at home, in the community or at school; (c) 95 per cent of children enter grade 1 at the age of six; (d) 96 per cent of children aged 6-11 are enrolled in primary schools;

(e) repetition and dropout rates at grade 1 are reduced by 50 per cent compared with 2005 levels; and (f) 75 per cent of children complete six years of primary education and achieve 70 per cent of established learning standards.

23. The child protection programme will help achieve the following results to contribute to meeting the targets of the Millennium Declaration on "Protecting the vulnerable" and Cambodia's unique ninth Millennium Development Goal (demining, UXO and victim assistance): (a) the National Plan of Action against Trafficking and Sexual Exploitation of Children 2005-2009 is fully implemented, with regular monitoring, review and follow-up; (b) 80 per cent of reported cases of sexual abuse and exploitation receive attention and follow-up; (c) the National Policy and minimum standards on alternative care for children without primary caregivers are fully implemented, with regular monitoring, review and follow-up; (d) 35 per cent of children in institutional care are transferred to family/community-based care arrangements; (e) appropriate mechanisms for inter-country adoption are established based on the Inter-Country Adoption Law; (f) a functioning child-friendly justice system is established nationwide in line with the Convention on the Rights of the Child and other relevant international standards, and alternatives to imprisonment are piloted in three provinces; (g) a nationwide data collection and monitoring mechanism on accidents and injuries is established, and the incidence of accidents and injuries of children is reduced by 35 per cent compared with the 2006 level; (h) casualties from landmines/UXO are reduced by 50 per cent compared with 2005 levels; and (i) 60 per cent of landmine/UXO victims are assisted with rehabilitation and reintegration into society.

24. The following expected results will contribute to the achievement of Cambodian Millennium Development Goal 6 (combat HIV/AIDS, malaria and other diseases): (a) 90 per cent of garment factory workers receive key information on HIV/AIDS and access to appropriate services; (b) in six priority provinces supported by UNICEF, 70 per cent of children in primary schools receive key information on HIV/AIDS through life skills education; (c) 50 per cent of the youth aged 15-24 have access to key information on HIV/AIDS through life skills education, peer education, vocational training, telephone hotlines and other relevant programmes and services; (d) all government health care facilities at the national, provincial and district levels provide VCCT services; (e) all referral hospitals and 50 per cent of health centres provide PMTCT services; (f) 70 per cent of the clients of PMTCT services receive information through couples counselling; (g) all HIV-positive infants, children and women have access to antiretroviral (ARV) therapy and treatment of opportunistic infections; and (h) community/family/kinship-based care models for families and children affected by HIV/AIDS are initiated in 70 per cent of all provinces.

25. All programmes will increase opportunities for the participation of children and young people, as a way of promoting their right to express their views and be involved in decisions affecting their lives.

26. The following are the strategic priorities of the country programme:

(a) **Primacy of child survival**. While continuing to promote the survival, development, protection and participation of children, the country programme will accord topmost priority to ensuring child survival. The reduction of unacceptably and persistently high infant and child mortality rates will be pursued under the child survival and other programmes.

(b) **Contribution to a decentralization and deconcentration** (transfer of administrative powers, and sometimes personnel, from higher to lower levels of government). UNICEF will help to clarify and strengthen mutual accountability for children among social service providers, locally elected representatives (Commune Council members) and communities by pursuing simple and measurable actions for children. For this purpose, UNICEF will continue to work closely with the *Seila* programme — a nationwide government initiative to facilitate decentralization and deconcentration, supported by the United Nations Development Programme (UNDP) and other donors.

(c) **Human rights-based approach to programming**. The above-mentioned actions will help to clarify and reinforce the relationship of accountability between duty bearers and rights holders and to strengthen their capacities. Consideration will be given to disparities and the situation of disadvantaged and socially excluded groups through measures such as the promotion of access by the poor to essential health services; a strong emphasis placed on girls' access to education; actions for various categories of children in need of protection, including orphaned and vulnerable children; actions for children infected or affected by HIV/AIDS; and the promotion of health for seriously disadvantaged ethnic minorities.

(d) **Results-based programming**. Results and evidence-based programming will be strengthened by a clear defining of the expected results, systematic monitoring and the use of results to positively influence government policies, decisions and public opinion. Monitoring, evaluation and knowledge-generation will form the core of this strategy.

(e) **Two-tier interventions**. UNICEF will continue a two-tier system of national- and provincial-level interventions. At the national level, UNICEF will support capacity-building of counterparts; formulation of policies, legislation and regulatory frameworks; and advocacy with high-level decision makers and the public. In six priority provinces, UNICEF will support capacity-building of counterparts; intensive implementation of policies, legislation and regulatory frameworks; delivery of selected social services; social mobilization; decentralized planning; and trials of innovative models. This two-tier system encourages an iterative process: the implementation of national policies, legislation and regulatory frameworks with particular intensity in six priority provinces in turn informs and encourages revision of national policies and programmes.

(f) **Building on progress made**. This country programme will build on progress made during 2001-2005 and continue with established programme priorities, with changes made in emphasis and project focus based on the new MTSP, situation analysis, country programme evaluation and programme experience. The programme will continue to be implemented nationally and in six established priority provinces so that existing investments are fully exploited and tangible results contribute to the achievement of Cambodia's Millennium Development Goals.

**Relationship to national priorities and the UNDAF**

27. In concert with the UNCT, the Government and other major donors, UNICEF will contribute to the formulation of a National Strategic Development Plan (NSDP) 2006-2010, which will serve as the Government's medium-term plan to achieve the Cambodian Millennium Development Goals. The country programme details the

contribution of UNICEF to the UNDAF, which in turn describes the contributions of the United Nations to the achievement of goals to be set in the NSDP.

28. UNICEF will contribute to the four strategic results areas of the 2006-2010 UNDAF in the following ways:

(a) **Governance and human rights** involves support to Commune Councils to initiate simple and measurable actions for children and women; the formulation and implementation of legislation and regulatory frameworks for the protection and promotion of child rights and related monitoring and information dissemination; and promotion of the human rights-based approach to programming.

(b) **Agriculture and rural poverty** involves promotion of better health, nutrition and education of the rural population as the basis for poverty alleviation; the prevention and victim assistance efforts related to landmine/UXO; and disaster preparedness and response.

(c) **Capacity-building and human resource development for social sectors** entails improving basic education access, retention and quality; key interventions for child survival; a multisectoral response for HIV/AIDS prevention and care; improved gender-responsiveness of social services; and actions to end violence against children and women.

(d) **Formulation of the National Strategic Development Plan** entails support for the development, implementation and monitoring of the NSDP by UNICEF as a member of the UNCT; and support for the use of *CamInfo* (*DevInfo* technology) to monitor progress towards goals.

**Relationship to international priorities**

29. This country programme will contribute to the achievement of the Millennium Development Goals of eradicating extreme poverty and hunger; universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; combating HIV/AIDS, malaria and other diseases; and ensuring environmental sustainability. The programme will also contribute to the goal of "Protecting the vulnerable" in the Millennium Declaration and the goals of *A World Fit for Children* by promoting healthy lives, providing quality education, supporting protection against abuse, exploitation and violence, and combating HIV/AIDS. The programme is consistent with the proposed 2006-2009 MTSP priorities.

**Programme components**

30. The ***Seth Koma*** programme will contribute to the realization of child rights by working closely with Commune Councils, provincial administrations and service providers in six priority provinces. The programme has two projects. The *local governance for child rights* project will facilitate collaboration among provincial administrators, Commune Council members and local social service providers (schools and health centres) to promote behaviour change in communities and improve the delivery of basic social services for children and women. The *water and environmental sanitation* project will increase access to safe drinking water and environmental sanitation in rural areas, thereby improving child survival.

31. The **child survival** programme will improve access to and utilization of key low-cost, life-saving interventions with proven effectiveness for enhancing child survival. The programme consists of three projects. The *promoting child survival* project will contribute to the substantial national expansion of key child survival interventions (relating to immunization, diarrhoeal diseases, acute respiratory infections, malaria prevention). The *improving maternal health and newborn care* project will promote access nationally to antenatal care provided by skilled health personnel; iron supplementation; immunization with tetanus toxoid; promotion of clean delivery and referral for emergency obstetric care; knowledge and skills for exclusive breastfeeding and vitamin A supplementation for lactating women. The *health behaviour-change communication* project will promote key health and nutrition practices for child survival and development by strengthening the capacity of national, provincial and district health communication staff to induce positive behavioural changes. Though national in scope, the project will provide intensive support to six priority provinces.

32. The **expanded basic education** programme will enable national counterparts to independently manage the SWAp at the national level. It will also provide intensive support to six priority provinces to achieve UPE. Coverage of early childhood development will be substantially increased in homes, communities and schools to facilitate psychosocial development and timely entry into primary school and retention thereafter. The programme consists of three projects. The *capacity-building for sector-wide education reform and decentralization* project will assist national and provincial counterparts to effectively manage the SWAp, decreasing reliance on external technical assistance. The *improving equitable access and quality of basic education* project will improve the quality of education in primary schools in six priority provinces and in primary teacher training colleges nationwide. The project will promote child-friendly teaching and learning methods through both pre-service and in-service teacher training, providing a regular teacher-support mechanism through the cluster school system and the promotion of skills-based health and hygiene promotion. The *expanded learning opportunities for disadvantaged children and youth* project addresses the specific needs of disadvantaged children without access to formal pre-schools or basic education by supporting community or home-based pre-schools, a school readiness programme at the beginning of grade 1, life skills education for in- and out-of-school youth, multi-grade teaching and bilingual education for hard-to-reach and ethnic minority areas, and the development of an inclusive education policy.

33. The **child protection** programme will help raise national awareness, understanding and capacity to protect children at risk. The programme consists of three projects. The *social protection* project will support actions to protect, care, rescue and rehabilitate children without primary caregivers and children subject to violence, abuse, trafficking and sexual exploitation. The *legal protection* project will strengthen legislation to protect the rights of children in need of protection and will enhance government capacity and develop systems to enforce legislation, particularly with regard to trafficking, sexual exploitation and abuse; alternative care, including inter-country adoption; children in conflict with the law; and birth registration. The *accidents, injuries and disabilities* project will support actions to prevent, care for and rehabilitate children affected by landmines and UXO as well as by other accidents, injuries and disabilities.

34. The **HIV/AIDS prevention and care** programme, contributing to both prevention and care, consists of three projects. *HIV and life skills* will help to prevent HIV/AIDS through the promotion of social communication and life skills education. The *VCCT, PMTCT and the continuum of care* project will contribute to providing wider access to VCCT, PMTCT and care services, including ARV treatment and treatment of opportunistic infections, focusing on mothers, infants and children. The *children affected by HIV/AIDS* project will support family- and community-based approaches to protecting and caring for families and children affected by HIV/AIDS.

35. The **advocacy and social mobilization** programme will help increase awareness of and action on child rights at all levels of society and to build the capacity of communities and families to provide for the improved survival, development, protection and participation of children. The *behaviour-change communication* project will facilitate the adoption of positive behaviours through the use of mass media, social marketing and interpersonal communication. The *advocacy and mobilization for rights and goals* project will promote positive action for ensuring child rights through targeted advocacy and social mobilization.

36. **Cross-sectoral support** will provide the means for coordinating the entire country programme and its planning, monitoring and evaluation and operational support where necessary.

**Major partnerships**

37. This country programme has been designed in close partnership with the United Nations Executive Committee agencies and in close consultation with the UNCT. As a member of the UNCT, UNICEF will continue to cooperate in the "quadripartite" arrangement with the World Bank, the Asian Development Bank and the United Kingdom Department for International Development (DFID) to coordinate and harmonize development efforts with the Government while reducing transaction costs.

38. For decentralization and deconcentration, the national *Seila* programme supported by UNDP and other donors will continue to be the main partner. UNICEF will also continue to work closely with WHO, UNFPA, the United States Agency for International Development, Japan, the European Commission Humanitarian Office, the Canadian International Development Agency and other partners to implement the Child Survival Partnership. UNICEF will develop its existing partnership with the BBC World Service Trust and local media to introduce a major capacity-building effort with the Ministry of Health on behaviour change communication to improve child survival, with support from the European Commission. Existing partnerships with Australia will be developed to include drinking water. In education, the strong partnership with the Swedish International Development Cooperation Agency will continue.

39. In coordination with other partners and as part of the contribution of UNICEF to the Joint United Nations Programme on HIV/AIDS, UNICEF will contribute to the planning, implementation and monitoring of the funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The aim is to ensure that the substantial funds available are appropriately applied, particularly in support of women and children, including orphans affected by HIV/AIDS. UNICEF will coordinate with DFID on direct support to orphans affected by HIV/AIDS and will work with

CARE, the International Labour Organization and other partners to ensure widespread awareness of the risk of HIV infection among young female garment-factory workers.

40. Long-established partnerships will continue with other United Nations agencies (e.g., the United Nations Scientific, Cultural and Educational Organization in the education SWAp, WHO in child survival, and the World Food Programme in the school feeding programme), bilateral agencies and NGOs.

**Monitoring, evaluation and programme management**

41. The Ministry of Planning is the focal point for coordination of the Programme of Cooperation between the Royal Government of Cambodia and UNICEF. The concerned line Ministries and NGOs will plan and implement the programmes and projects. A five-year country programme action plan will be developed jointly to operationalize the programme of cooperation. Annual project plans of action will be developed based on the objectives of the programme of cooperation and on recommendations from annual reviews. The annual review of 2008 will be an MTR to consider relevant course corrections in the programme and to suggest future cooperation.

42. An integrated monitoring and evaluation plan for 2006-2010, supported by annual monitoring and evaluation plans, will be developed. Requirements for research, studies, surveys and evaluations will be identified according to programme objectives and indicators. Emphasis will be placed on strategically using evidence to influence national discussions and decisions to better realize child rights. UNICEF will contribute to strengthening national capacity for monitoring the poverty-related indicators included in the existing sectoral plans and the forthcoming National Strategic Development Plan 2006-2010 through further operationalization of *CamInfo*.

43. Within UNICEF, the programme will be coordinated by the country office in Phnom Penh, with teams of field-based staff located in six priority provinces.